

**Application Data Sheet**  
**Application Information**

**Application number::**

**Filing Date::**

**Application Type::** Regular

**Subject Matter::** Utility

**Title::** Automatic Eyewear Cleaner

**Attorney Docket Number::** SHPR-01404US1

**Request for Early Publication?::** No

**Request for Non-Publication?::** No

**Suggested Drawing Figure::** 2

**Total Drawing Sheets::** 8

**Small Entity?::** No

**Applicant Information**

**Applicant Authority Type::** Inventor

**Primary Citizenship Country::** United States

**Status::** Full Capacity

**Given Name::** Charles

**Middle Name::** E.

**Family Name::** Taylor

**Name Suffix::**

**City of Residence::** Punta Gorda

**State or Province of Residence::** Florida

**Country of Residence::** United States

**Street of mailing address::** 2731 St. Thomas Drive

**City of mailing address::** Punta Gorda

<b>State or Province of mailing address::</b>	Florida
<b>Country of mailing address::</b>	United States
<b>Postal or Zip Code of mailing address::</b>	33950
<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	United States
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Andrew
<b>Middle Name::</b>	J.
<b>Family Name::</b>	Parker
<b>Name Suffix::</b>	
<b>City of Residence::</b>	Novato
<b>State or Province of Residence::</b>	California
<b>Country of Residence::</b>	United States
<b>Street of mailing address::</b>	261 Montego Key
<b>City of mailing address::</b>	Novato
<b>State or Province of mailing address::</b>	California
<b>Country of mailing address::</b>	United States
<b>Postal or Zip Code of mailing address::</b>	94949
<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	United States
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Edward
<b>Middle Name::</b>	C.
<b>Family Name::</b>	McKinney
<b>Name Suffix::</b>	Jr.
<b>City of Residence::</b>	Novato
<b>State or Province of Residence::</b>	California

<b>Country of Residence::</b>	United States
<b>Street of mailing address::</b>	2702 Tiki Road
<b>City of mailing address::</b>	Novato
<b>State or Province of mailing address::</b>	California
<b>Country of mailing address::</b>	United States
<b>Postal or Zip Code of mailing address::</b>	94945
<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	United States
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Sik
<b>Middle Name::</b>	Leung
<b>Family Name::</b>	Chan
<b>Name Suffix::</b>	
<b>City of Residence::</b>	San Francisco
<b>State or Province of Residence::</b>	California
<b>Country of Residence::</b>	United States
<b>Street of mailing address::</b>	Flat A4, 4/F, Block A, Po Yip Building, 62-70 Texaco Road
<b>City of mailing address::</b>	
<b>State or Province of mailing address::</b>	Tsuen Wan, NT
<b>Country of mailing address::</b>	Hong Kong
<b>Postal or Zip Code of mailing address::</b>	
<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	United States
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	John
<b>Middle Name::</b>	S.

**Family Name::** Efroymsen  
**Name Suffix::**  
**City of Residence::** Sylvania  
**State or Province of Residence::** Ohio  
**Country of Residence::** United States  
**Street of mailing address::** 5154 Saddlecreek Road  
**City of mailing address::** Toledo  
**State or Province of mailing address::** Ohio  
**Country of mailing address::** United States  
**Postal or Zip Code of mailing address::** 43623

### Correspondence Information

**Correspondence Customer Number::** 23910  
**Phone number::** (415) 362-3800  
**Fax Number::** (415) 362-2928  
**Email address::** Srm@fdml.com

### Representative Information

**Representative Customer Number::** 23910

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Application claiming the benefit under 35 USC 119(e)	60/490,671	07/29/03

### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

### Assignee Information

**Assignee Name::** Sharper Image Corporation  
**Street of mailing address::** 650 Davis Street  
**City of mailing address::** San Francisco  
**State or Province of mailing address::** California  
**Country of mailing address::** United States  
**Postal or Zip Code of mailing address::** 94111